ACTIVE HEALTH REPORT

What we think. What we know. What we do.

THE ACTIVE HEALTH REPORT ON SENIORS

Canada

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CONTENTS

Introduction 3

Chapter **1**
How Senior Canadians Rate Their Health 6

Chapter **2**
Increasing Prevention 10

Chapter **3**
Inequalities in Health 17

Chapter **4**
Coping 21

Afterword: Seniors and the Framework 24

INTRODUCTION

The Active Health Report on Seniors is one of a series of interpretive reports based upon Canada's Health Promotion Survey, a telephone survey of the health knowledge, attitudes, actions and beliefs of Canadian adults. The survey was undertaken by the Health Promotion Directorate of Health and Welfare Canada, and was conducted on its behalf by Statistics Canada in June 1985.

As in the *Active Health Report – Perspectives on Canada's Health Promotion Survey 1985*, the first of the interpretive reports on Survey data, the focus throughout this report is on how seniors see their health rather than on objective health status. The purpose of this emphasis is to try to understand some of the key issues and challenges facing health promotion in Canada as we move towards the twenty-first century. Insofar as health promotion aims to improve health by influencing the actions of individual Canadians and the environment within which these actions are undertaken, this understanding of health-related attitudes and behaviour is critical.

Also like the *Active Health Report – Perspectives on Canada's Health Promotion Survey 1985, The Active Health Report on Seniors* closely reflects many of the ideas presented in *Achieving Health for All: A Framework for Health Promotion*. In many ways, then, *The Report on Seniors* can be read as a short version of the *Active Health Report*, but with its analysis restricted to older adults. The two reports can very usefully be read together.

In health terms, there is no magical age at which one becomes a "senior." For this reason, we have decided to look at Canadians age 55 to 64, and age 65 and over separately, while still recognizing the considerable diversity that exists among respondants in each of these groups.

The focus on older Canadians is, of course, quite timely. The baby-boom generation is now into middle age. By the year 2011, babies born in 1946 will reach the age of 65. As well, life expectancy is increasing. In 1981, people aged 80 and over made up 19% of the population over 65. By 2001, that figure is expected to rise to 24%. In short, by early in the next century, there will be more of us in our senior years living longer than ever before. Current projections indicate that Canadians in the 65-plus age group will constitute fully one-fifth of our total population by the year 2020.

Coupled with these projections are predictions of the effect of the greying of Canada on our existing health-care system. Older people suffer more health problems than do younger people and their problems tend to be more often chronic. While Canada has one of the best health-care systems in the world, it is not clear that it is yet equipped to meet the challenges posed by the shifting of our demographic centre of gravity. By helping older Canadians to enhance, maintain or recover health, or by enabling them to cope with health problems that cannot be mitigated, health promotion will become increasingly important in the effort to meet these chailenges.

In *The Report on Seniors*, we use data from Canada's Health Promotion Survey to examine some of the key issues in health promotion for Canadians over age 55. The report

is divided into four chapters, the last three of which are structured according to the health promotion challenges outlined in *Achieving Health for All*.

Chapter 1 is entitled "How Senior Canadians Rate Their Health." In it, we look at how older Canadians perceive and rate their own health. As with the *Active Health Report*, the most important measure is self-rated health as compared to others of the same age. Other measures of health reported on are activity-limiting health problems, perceived stress levels, and self-reported happiness. The Survey found that despite higher rates of reported health problems among the elderly, three out of four seniors nevertheless report that their health is good, very good, or excellent for their age.

In Chapter 2, "Increasing Prevention," we look at attitudes and behaviour as related to preventive health practices. The preventive practices investigated by the Survey include: health-enhancing activities like exercise and attention to nutrition; the avoidance of health risks like smoking and excessive drinking; protective practices like safety training and the use of seat belts; and diagnostic practices like breast self-examination, PAP smears, and regular blood pressure checks. The Survey finds that, despite a few significant exceptions, the preventive practices of older Canadians are equal to or better than those of younger people.

Chapter 3, "Inequalities in Health," examines self-rated health and activity limitations in the light of life circumstances like gender, income, and education. As with younger Canadians, levels of income and education are very strongly related to self-rated health. Wealthier, well-educated seniors are more likely to report excellent health and less likely to report poor health than poorer people with little education.

Finally, in Chapter 4, on "Coping," we try to assess how well seniors cope with health problems and activity limitations. As with health itself, the ability to cope is a difficult thing to measure. To get a measure of coping, the report examines how self-reported stress and happiness are related to self-rated health and activity limitations. It finds that, although older Canadians who report poor health or significant activity limitations were more likely to report high levels of stress and unhappiness, there is nevertheless a substantial portion of seniors with these problems who do seem to be coping.

A number of key insights emerge from this data.

1) As with the Canadian population as a whole, ***good to excellent self-rated health is the norm among seniors***. Although Canada's Health Promotion Survey finds that there are higher rates of self-reported health problems among seniors, only one out of four seniors report fair or poor health, and nearly three-quarters report that their health is good to excellent for their age.

2) To an even greater extent than among younger Canadians, ***positive preventive health practices are the norm among older Canadians***. For example, compared to the general population, seniors are less likely to smoke or drink excessively, less likely to drink and drive, more

likely to use seatbelts and more likely to eat breakfast every day. These attitudes and behaviour represent a tremendous resource for health promotion that utilizes self-care and mutual aid as important mechanisms.

3) Among those who do not rate their health as good, or who report activity limitations, *many seem to be able to cope with their problems in everyday life*. In other words, although health may be expected to deteriorate with age among a certain portion of the population, the ability to cope with health problems often remains strong.

4) With respect to their health, *seniors are not a homogeneous group*, characterized primarily by ill health. Like younger Canadians, seniors vary greatly in health status, beliefs, and behaviour. While their actions do tend to differ somewhat from those of younger Canadians, seniors nevertheless show the same range of opinion and action shown by the population as a whole. And as with younger Canadians, the self-rated health of seniors varies strongly with social and economic background, and not just with age itself. In other words, there is more to health in later life than age itself.

As with the *Active Health Report*, *The Report on Seniors* reports only very selectively on the voluminous database compiled by Canada's Health Promotion Survey. Its aim is not so much to deliver comprehensive information as it is to raise key issues and insights for further discussion and debate by the public health community.

What is challenged by the points raised in this report is the "problem-centred" view of the health of seniors – that is, the tendency to measure health in terms of health problems, without reference to the broader context of life circumstances. We know that seniors have health problems. The Canada Health Survey found that some 80% of those over age 65 report at least one health problem, compared to 54% of the Canadian population as a whole. What Canada's Health Promotion Survey has shown us is that, when we adopt a broader perspective on health than that provided simply by health problems, seniors can be seen to be quite healthy. Very often, despite health problems, seniors consider their health to be good, very good, or even excellent. They are, evidently, possessed of tremendous resources for coping and for health in everyday life.

As we try to come to grips in coming years with the aging of our population, and especially with the challenges posed to our public health system, these facts will be of increasingly vital importance. ■

***Canada's Health Promotion Survey was a telephone survey** undertaken by the Health Promotion Directorate of Health and Welfare Canada and conducted on its behalf by Statistics Canada in June 1985. The survey used random digit dialing technology to contact households all across Canada. The response rate was over 80%. Over 11 000 adult Canadians age 15 and over were asked 109 questions covering 250 items of information, creating a massive database which should continue to generate useful insights for many years to come. In total, 24% of respondents were aged 55 and over. Of these, 1194 were aged 55 to 64, and 1536 were aged 65 and over.*

Despite its size and range, the survey had significant limitations which readers of this report should bear in mind. First, it was a survey of the non-institutionalized population only. It excludes those in hospitals and in chronic care homes. Second, although it was very broad, it could not possibly have included questions on every health topic. Certain very important topics, such as dental health and sexuality, to take just two examples, were excluded. Finally, because it was a telephone survey, it excluded the 3% of Canadians who do not have telephones. While this does not greatly bias the aggregate picture, it is significant given the relationship between health and economics that the survey documents.

HOW SENIOR CANADIANS RATE THEIR HEALTH

Self-rated Health

It is well established that seniors have elevated rates of health problems. For example, in the General Social Survey of 1985, 55% of respondents over the age of 65 reported arthritis/rheumatism, 39% reported hypertension, 26% reported heart trouble, and 24% reported respiratory problems. For each health problem studied by the survey, the rates reported by seniors were more than double those of younger Canadians.

***As with the Active Health Report,** the central measure dealt with in this report is self-rated health. Survey respondents were asked how they would rate their health compared to others of their age. As well, they were questioned on three other health-related measures: health-related activity limitations, and self-assessed levels of stress and happiness. Although these latter evaluations do not measure health directly or objectively, they can be considered as adjuncts to health itself.*

By and large, the Survey found that seniors, like younger Canadians, generally see themselves as healthy. In terms of self-rated health, good health is the norm among young and old alike. To a considerable degree, these results are inconsistent with traditional expectations and images of aging.

Nevertheless, in Canada's Health Promotion Survey, seniors tended to rate their own health quite positively. Respondents were asked: "*In general, compared to other persons your age, would you say your health is excellent, very good, good, fair, or poor?*" Like younger Canadians, seniors did not find this a difficult question to answer. The vast majority responded. Most (78%) respondents 55-64 said their health was good, very good or excellent for their age. Among respondents 65 and older, 74% claimed that their health was good to excellent. Three times more seniors rated their health good to excellent than rated it only fair or poor.

At the same time, the Survey did show an increase in fair to poor self-rated health among seniors as compared to younger respondents. Overall, people aged 55 and up are five times more likely than younger Canadians to consider their health to be poor. They also account for 63% of all Canadians over the age of 15 reporting poor health.

Gender and self-rated health. Among seniors, women were only slightly more likely than men to report only fair or poor health. At the same time, almost two-thirds of health problems reported by seniors are reported by women. Women aged 55 and older also account for 56% of all seniors reporting poor health. However, because there are significantly more older women than older men, this does not necessarily imply that older women are less healthy than older men.

Health-related Activity Limitations

Long-term activity limitations are a good indicator of health problems. Like many other studies, Canada's Health Promotion Survey found activity limitations to be more frequent among seniors. Respondents were asked: "*Are you limited in the kind or amount of activity you can do because of a long-term physical condition or health problem? By 'long-term', I mean a condition that has lasted or is expected to last six months or more.*" Twenty-four percent of adults aged 55-64 reported

that they do have activity limitations, as do 32% of adults aged 65 and up. In other words, one out of four adults aged 55-64 report some kind of activity limitation, as do nearly one out of three aged 65 and over. These rates are considerably higher than those for people under 55 (10%). People aged 55 and up account for 47% of all adults reporting activity limitations.

The extent or severity of reported activity limitations increases with age. More younger people (under 55) with activity limitations reported their limitation to be in the least severe category. In all other categories, including the most severe, seniors dominate, in particular those aged 65 and up.

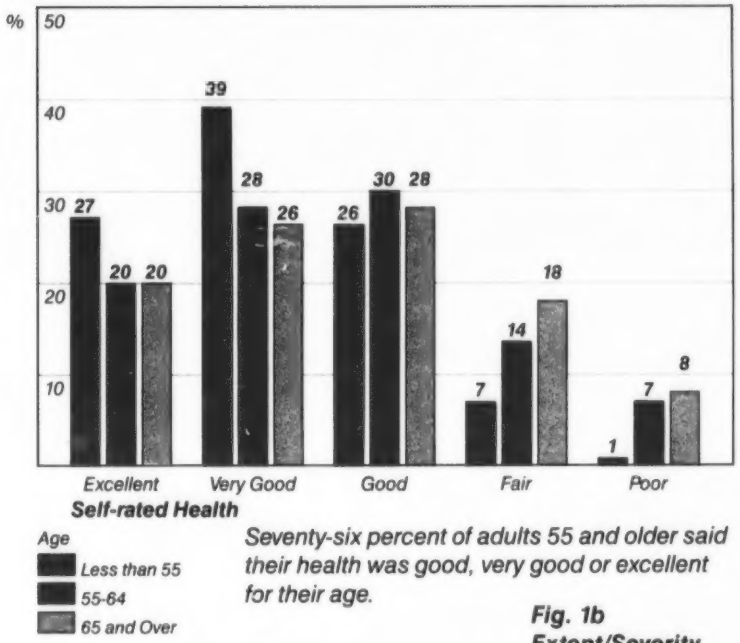
Activity limitation and gender. Women are slightly more likely than men to report activity limitations: 31% of women aged 55-64 report an activity limitation, as compared to 25% of men in the same age group; 37% of women 65 and older report an activity limitation, as compared to 31% of men of the same age group. These figures are likely influenced by the longer life expectancy of women.

Stress

Stress is related closely to health in two ways. Too much stress can be a cause of poor health, and poor health itself can be a cause of stress. The Survey found that seniors generally report lower levels of stress than younger people. Asked to rate their levels of stress, 41% of those

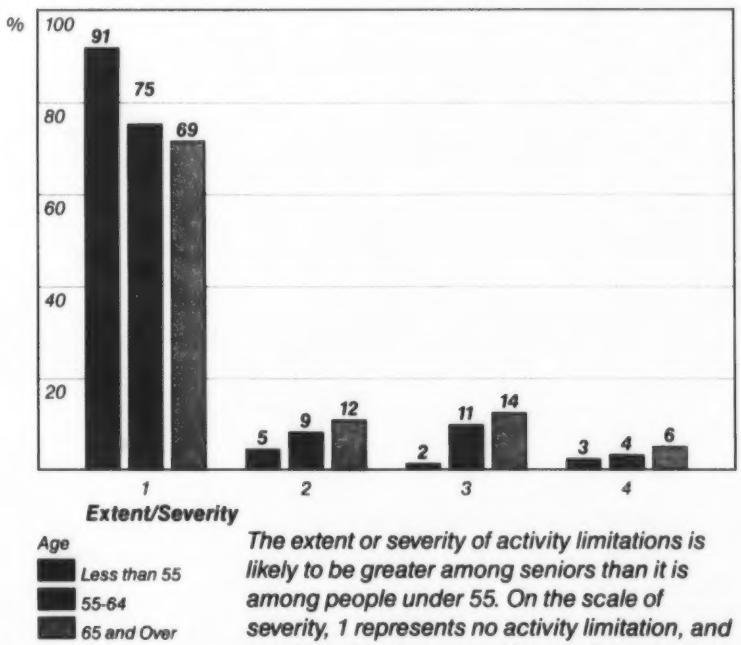
**Due to rounding off, percentages in graphs, charts and tables may not always total 100.*

Fig. 1a*
Self-rated Health and Age



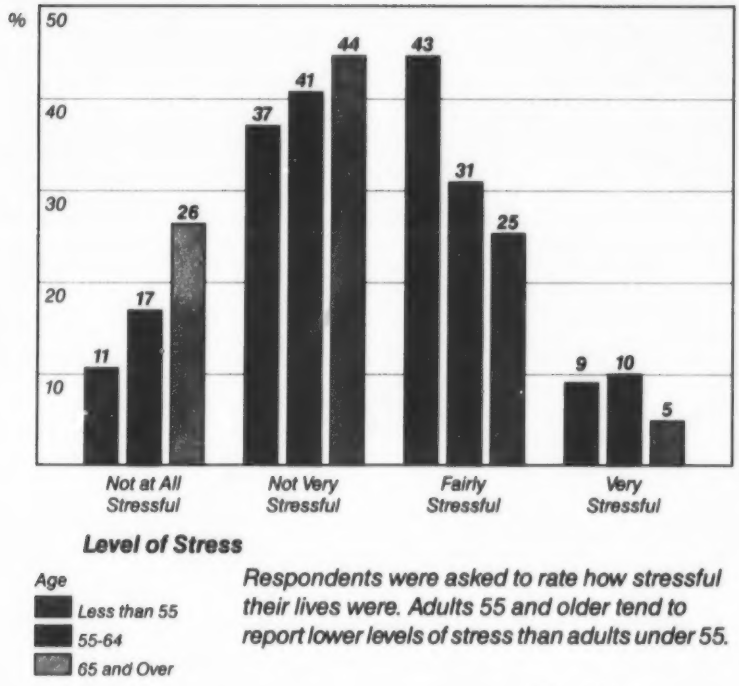
Seventy-six percent of adults 55 and older said their health was good, very good or excellent for their age.

Fig. 1b
Extent/Severity of Activity Limitations



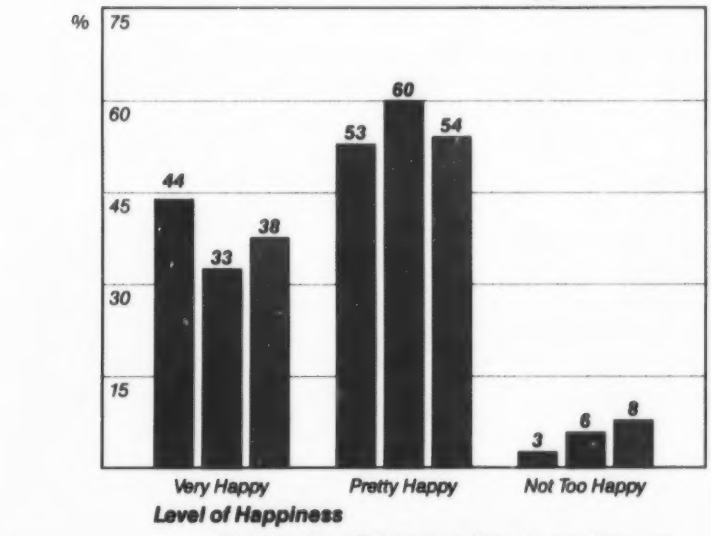
The extent or severity of activity limitations is likely to be greater among seniors than it is among people under 55. On the scale of severity, 1 represents no activity limitation, and numbers 2 to 4 represent increasing extent or severity of limitation.

Fig. 1c
Age and Stress



Respondents were asked to rate how stressful their lives were. Adults 55 and older tend to report lower levels of stress than adults under 55.

Fig. 1d
Age and Happiness



Seniors are slightly less likely to say they are very happy and somewhat more likely to say they are not too happy when compared to younger adults.

aged 55-64 and only 30% of those aged 65 and over said that life was very or fairly stressful, as compared to 52% of those under the age of 55.

Stress and gender. In the under-55 and 65-and-over age groups, women are slightly more likely to report stress than are men. In the 55-64 age group, however, the difference is reversed: 45% of men report stress, as compared to 37% of women.

Happiness

Asked, "*In general, would you say that you are very happy, pretty happy, or not too happy?*" 93% of adults 55-64 and 92% of adults 65 and up said that they were either pretty happy or very happy. Only 8% of seniors age 65 and over reported that they were not too happy. However, this is more than twice the rate of those under age 55.

Gender and happiness. Women are somewhat more likely than men to say that they are not too happy. This is true for adults under 55 as well as for seniors. Seven percent of women 55-64 and 9% of women 65 and older say that they are not too happy, compared to 5% and 6% of men. ■

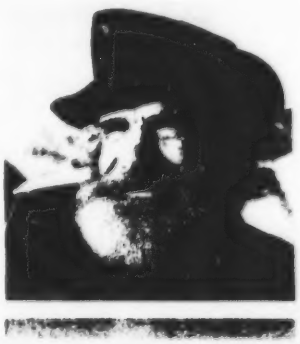
ISSUES AND CHALLENGES

The data presented here provide an apparently contradictory view of health in later life. On the one hand, seniors report the highest rates of poor health, the greatest number of activity-limiting health problems, and more unhappiness than other adults. Nevertheless, good self-rated health is the norm among seniors. When comparing themselves to other people their own age, most seniors see themselves as healthy despite reported problems.

Questions may be raised, of course, about the validity of self-rated health as a measure. Does it actually reflect real levels of health or diminished expectations? Are seniors as healthy as they think they are? It may be that an important task for health promotion is to help seniors to understand and judge their health more accurately.

How we approach these questions and apparent contradictions depends considerably on the view we hold of health in later life. If we focus on the fact that seniors report higher rates of health problems, then we are likely to conclude that older respondents to the survey were simply misjudging their health. The task for health promotion, in this case, can only be to help seniors understand their health better, improve prevention whenever possible, and otherwise cope with the inevitable.

But if we focus instead on how senior Canadians rate their own health, then we are led to a different view of later life and of the role of health promotion in it. In this view, good health in later life is something achievable – for individuals and for society. This in no way diminishes the need to deal with the very real health problems experienced by seniors, but it does change our understanding of them. Instead of simply attributing the health problems of seniors to age itself, we come to understand that seniors are a heterogeneous group, that they are individuals dealing not simply with the generic problems of age, but with individual and specific health problems, life circumstances, and expectations. The role of health promotion in this case is not just to help people cope with ill health – the coping will still be required – but also to enable older Canadians to maintain, enhance, or achieve good health according to their individual needs. ■



INCREASING PREVENTION

In Chapter 2, Increasing Prevention, we look at a number of individual preventive practices that people undertake to enhance or maintain their health, or to reduce the chance or severity of future health problems. The practices discussed fall into four groups:

- health-enhancing activities such as exercise and good eating habits;
- risk-avoidance activities, such as controlling or quitting smoking, consumption of alcohol, or drug use;
- protective and safety practices such as first aid training or cardiopulmonary resuscitation, or ownership of home safety devices;
- diagnostic practices such as blood pressure checks, PAP smears, and breast self-examination.

***Personal preventive practices** – the things that individuals do to improve health or avoid health risks – are the traditional domain of health promotion. They are also important in the new Framework for Health Promotion. Increasing prevention is one of the three central challenges identified in the Framework. Canada's Health Promotion Survey questioned respondents widely on their preventive practices and attitudes. The survey found that in most areas covered, seniors had better practices than younger respondents.*

The Survey found that, in most areas, the health practices of seniors are as good as or better than those of younger people.

Preventive Practices – Best Scores by Age Group

Avoiding Health Risks	Age <55	55-64	65+
Cigarette smoking	•		◦
Heavy drinking	•		◦
Illicit drug use	•	◦	◦
Sleeping pill usage	◦		•
Tranquillizer usage	◦		•
Maintaining or Improving Health			
Eating breakfast	•		◦
Always use seatbelts	•		◦
Avoid drinking and driving	•		◦
Recent blood pressure check	•		◦
Regular exercise	•	•	
Breast self-examination (women)		◦	•
Own first aid kit		◦	•
Own smoke detector	◦		•
Recent first aid training	◦		•
Knowledge of CPR	◦		•

◦ best score • poorest score

Maintaining or Improving Health

Eating Habits

Breakfast. Respondents were asked what they had eaten for breakfast in the previous week. Seniors were less likely to skip breakfast than younger Canadians. Nearly nine out of ten respondents 65 and older (87%) and 77% of respondents 55-64 said that they had not skipped breakfast in the previous week, as compared to 67% of those under 55.

I Should Eat More...

	Age		
	<55	55-64	65+
Fruits/Vegetables	52%	42%	29%
Meat/Fish/Poultry	8%	6%	5%
Whole Grain Cereals	4%	2%	2%
Milk Products	4%	2%	3%

Nutrition. Older people were less likely than younger people to believe that they should limit certain foods, or that they should eat certain foods more often. Sixty-one percent of those 55-64 and 56% of those 65 and older believed they should limit certain foods, compared to 66% of those under 55. Only 39% of respondents 65 and older and 52% of those 55-64 believed they should eat certain foods more often, compared to 68% of those under 55.

Overall, only 35% of people 65 and older believed they could improve their health by changing their eating habits, compared to 80% of the youngest age group, aged 15 to 24. The Survey did not test whether these attitudes reflect actual nutrition habits. Do seniors tend to eat better than younger adults, or do many of them simply not believe it makes a difference?

Weight Loss. Overall, satisfaction with weight appears to increase with age. Only one in three (34%) of those under 55 indicated that they would like to remain the same weight, while nearly one in two adults 65 and older (48%) indicated this. There is, however, a major exception in the 55-64 age group: fully 71% of women aged 55-64 indicated that they would like to lose weight. In this, they are in line with the female population overall, 64% of whom indicated that they would like to lose weight.

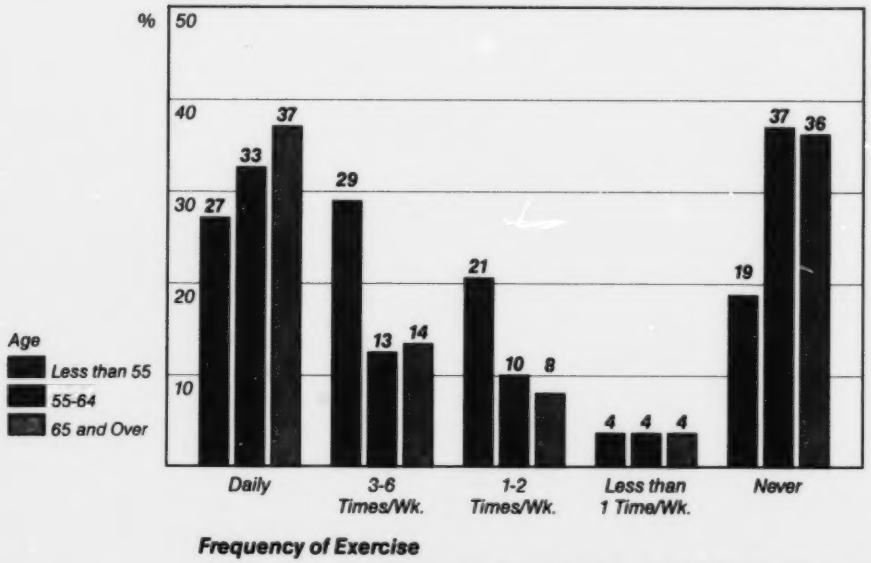
Regular Exercise

Respondents were asked how many times per week they exercised for at least 15 minutes at a time. "Exercise" was defined as including "vigorous activities such as calisthenics, jogging, racquet sports, team sports, dance classes, or brisk walking." The proportion of those who say they exercise more than two times a week varies moderately with age, ranging from 56% of those under 55 to 46% of those 55-64. Fifty-one percent of people 65 and older indicate they exercise more than three times a week. To a certain extent, these results may be influenced by an age-biased definition of exercise. That is, older people may be more likely than younger people to accept lower levels of activity as adequate.

However, *overall* patterns of exercise vary substantially between younger adults and seniors. The proportion of those who say they never exercise nearly doubles, from 19% for people under 55 to 36% for those 55 and older. Those over 55 are also most likely to report daily exercise. Thus, it may be that people who exercise regularly tend to continue to do so in later life, while people who exercise infrequently are far more likely to stop altogether as they get older. For many seniors, regular exercise has become an integral part of aging.

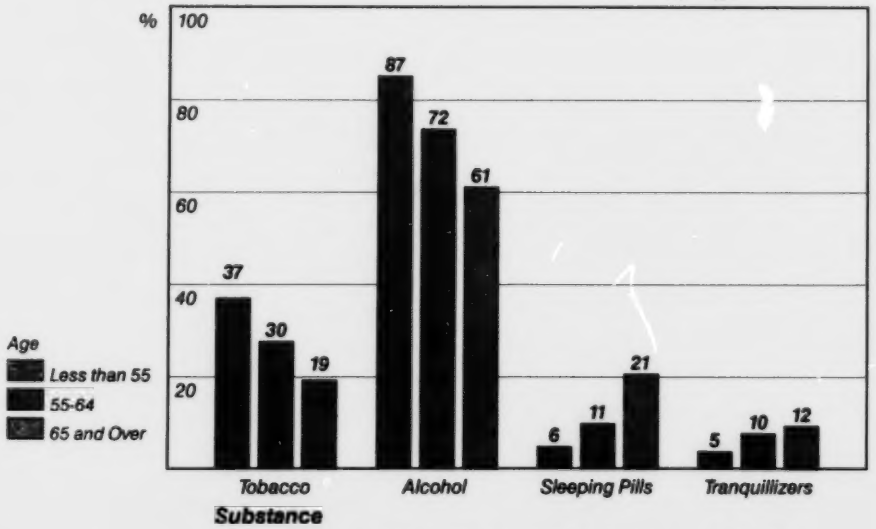
Only 17% of those 55-64 and 13% of those 65 and older agreed that more exercise would improve

Fig. 2a
Age and Frequency of Exercise



Those over 55 are the most likely both to exercise daily and to never exercise.

Fig. 2b
Smoking, Drinking and Licit Drug Use by Age



Although the use of tobacco and alcohol declines with age, use of sleeping pills and tranquillizers tends to increase.

their health a great deal, as compared to 31% of those under 55. In fact, one in four adults 55-64, and over one in three 65 and up feel that more exercise would not improve their health at all.

Avoiding Health Risks

Smoking

The proportion of reported smokers declines with age, from 37% of those under 55, to 30% of those 55-64 and 19% of those 65 and older. The differences in attitudes toward smoking and beliefs about smoking among the age groups appear to reflect this difference in smoking levels, with a lower proportion of seniors having positive attitudes or beliefs. There were, however, some exceptions:

- Only 85% of people 65 and older and 89% of people 55-64 believe that pregnant women should not smoke, as compared to 99% of younger Canadians.
- Forty-nine percent of people aged 65 and over agreed with the statement that "smoking keeps you slim," compared with 44% of those aged 55-64 and 30% of those under 55.

Seniors also differed from younger Canadians in their attitudes and behaviour towards others' smoking.

- Fewer people 65 and older (47%) report feeling unpleasant effects from others' smoking than those 55-64 (53%) or under 55 (66%).
- Only 21% of people 65 and up and 23% of people 55-64 report having asked someone not to

smoke, compared to 41% of people under 55.

Drinking

Generally speaking, like smoking, alcohol consumption also declines with age. Only 61% of people 65 and older and 72% of people 55-64 report that they drink, compared to 87% of people under 55. It is not clear how much this is a function of choice, tolerance, cultural orientation, or increased mortality among heavy drinkers.

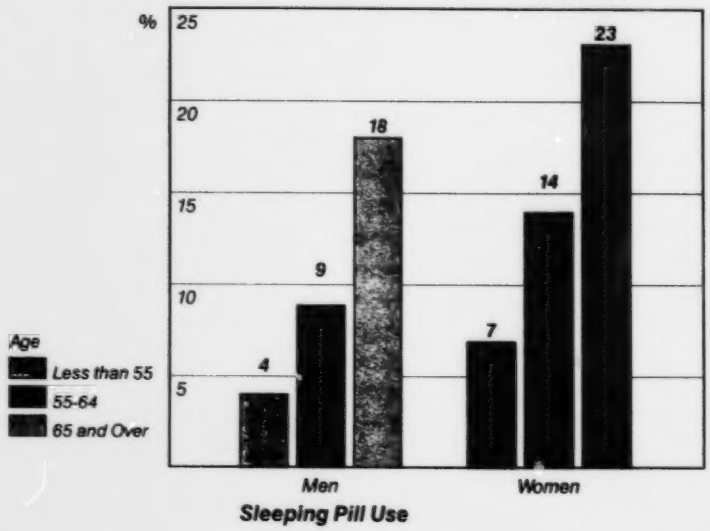
Seniors appear to have less tolerance of the excessive use of alcohol than younger adults. Fifty-eight percent of those 55-64 and 63% of those 65 and older disagree with the statement "most people don't mind if you get drunk occasionally," compared to 49% of adults under 55.

When it comes to the statement "moderate drinking is good for your health," those most likely to agree were in the 55-64 age group (69%), while those under 55 were the least likely to agree (53%). In spite of lower rates of alcohol consumption among seniors, virtually the same proportion – more than three out of four – of older and younger adults disagreed with the statement, "I feel obligated to drink socially".

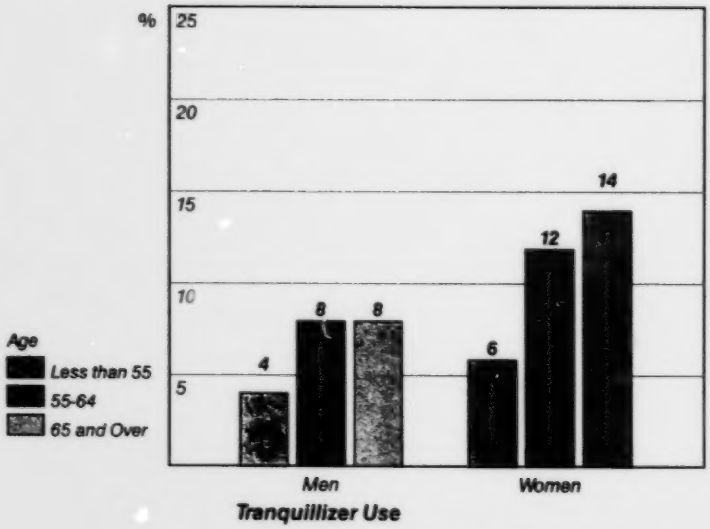
Drug Use

Illicit drug use reported by seniors is negligible. However, the reported use of sleeping pills and tranquillizers increases sharply with age. Tranquillizer use more than doubles between the under-55 and 65-plus age groups (from 5% to 12%), while sleeping pill use more than triples (from 6% to 21%).

Fig. 2c
Sleeping Pill and Tranquillizer Use among Men and Women



Sleeping Pill Use



Tranquillizer Use

Although the use of tranquillizers and sleeping pills is more common among women, both sexes show a sharp increase in the use of these drugs with age.

Striving for Health

Seniors believe they are making an effort to be healthy. In fact, nearly two out of three feel that they are making more of an effort than others their age. Although this belief is to some extent reflected in their actions, this can only be true for 50% of seniors. It is clear that some seniors are over-estimating their efforts.

Compared to the overall population, seniors are less likely to say there are things they should do or intend to do to improve their health.

- *Fifty-three percent of adults aged 55-64 and only 39% of adults aged 65 and over said that there was something they should do to improve their health, compared to 75% of younger adults.*
- *More than one out of two seniors said that they did something last year to improve their health, as compared to two out of three younger Canadians.*
- *Almost one out of two seniors said they intend to do something next year, compared to almost two out of three younger Canadians.*

In all age groups, the use of sleeping pills and tranquillizers is more common among women than among men. Fourteen percent of women 65 and older report using tranquillizers in the past year, and 23%, nearly one in four, report using sleeping pills. In both cases, this represents a sharp increase over the proportion of women under 55 who report use of these drugs. Among men, the trend is similar: twice as many (8%) men 55 and up report tranquillizer use as do men under 55 (4%), and over four times as many men 65 and older (18%) report sleeping pill use as do younger men (4%).

Protective Practices

Road Safety

Far fewer older people report drinking and driving than young people. Thirty-eight percent of people under 55 report drinking and driving at least once in the past month, while the figure drops to 26% among people aged 55-64 and to only 12% among people 65 and older. These figures exclude those who either don't drink or don't drive.

More seniors report always using seatbelts. Seventy-eight percent of respondents 65 and up and 70% of those 55-64 report always using seatbelts, as compared to only 63% of those under 55.

Safety Devices and Skills

Reported use/ownership of safety devices such as smoke detectors or fire extinguishers showed no significant differences among seniors. However, far fewer older people reported having received recent first aid training (9% for those 55-64 and 4% for those 65 and older, as opposed to 25% for younger Canadians). Seniors were also less likely to report knowledge of cardio-pulmonary resuscitation. Twenty-six percent of those 55-64 and 21% of those 65 and older reported knowledge of CPR, compared to 37% of those 55 and younger.

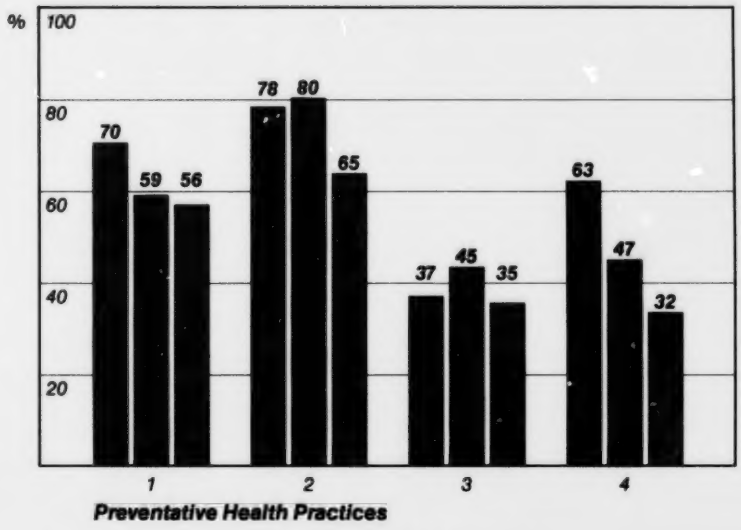
Diagnostic Practices

Nearly nine out of ten adults 65 and older report having had a blood pressure check in the past year. The figure for adults 55-64 was somewhat lower at 82%, and that for adults under 55 was lower still at 71%.

With female diagnostic practices, the story is very different. Only 59% of women 55-64 and 56% of women 65 and older reported having their breasts examined by a doctor or nurse in the past year, as compared to 70% of younger women – this, in spite of comparatively high rates for blood pressure checks. Only 65% of women 65 and older have been shown how to examine their breasts themselves. Women aged 55-64, at 80%, are slightly better informed than younger women, at 78%. Similarly, women age 55-64 are more diligent in performing regular breast self-examination (45% report doing so every month) than their older and younger counterparts (35% for women 65 and older, 37% for women under 55).

Nearly twice as many women under 55 years of age reported having had a Pap test in the past year as women 65 and older (63% and 32% respectively). For women in the 55-64 age group, the proportion is 47%. ■

Fig. 2d
Female Preventative Health Practices and Age



1. *Breasts examined by doctor or nurse*
2. *Been shown how to examine own breasts*
3. *Breast self-examination every month*
4. *Pap test in previous year*

In all areas, women aged 65 and up have the poorest scores on diagnostic practices. Although most older women (including those 55-64) report having been shown how to examine their breasts, fewer than half report doing so every month. Nevertheless, it seems that health promotion efforts relating to breast self-examination have succeeded to some extent with women age 55-64.

ISSUES AND CHALLENGES

1) Generally, the Survey shows that seniors report health habits and attitudes that are as good as or better than those of younger adults. Positive health practices are the norm among seniors. To a certain extent, these results may be due to the early mortality of those with poor health practices – i.e. in surveying seniors, we are essentially surveying survivors. Whatever the reason, however, the findings belie the notion that seniors are passive with respect to health, unwilling or unready to make an effort to improve health. The Survey shows that older Canadians see themselves as actively striving to maintain or improve their health. This normative behaviour is an important resource for health promotion, and a solid foundation for health promotion efforts based upon the enhancement of self-care and mutual aid among seniors.

2) The attitudes that seniors have toward health issues differ from those of the population as a whole. For example, seniors are significantly less likely than younger Canadians to believe that they can improve their health through regular exercise or nutrition. Drinking attitudes among seniors tend to reflect slightly more social intolerance for heavy drinking, but less awareness of the health hazards of excessive drinking. These differences raise interesting questions for health promoters. Is it possible that health promotion efforts in these areas are seen as being targeted to a younger population? Are seniors more critical and skeptical of health promotion information than younger people? Or do their attitudes simply reflect beliefs that were favoured in the past?

3) Despite the overall high levels of positive health practices, a substantial proportion of seniors aren't doing anything to improve their health, or else they misjudge their efforts or the efforts of their peers. Like younger Canadians, seniors see themselves as striving to be healthy: nearly two out of three seniors report that they make more of an effort to be healthy than others their age. Since this is numerically impossible, it is clear that many seniors are overestimating their efforts or perhaps underestimating the efforts of their peers. This group of seniors is an important target audience for health promotion programs.

4) Of particular and urgent concern are the patterns of drug use among seniors. The use of sleeping pills and tranquillizers increases sharply among older Canadians. We must ask ourselves whether this reflects a real need of seniors for such drugs, or whether it is a manifestation of the orientation of our health-care system to seniors and their problems. This is an important area for further research and study. ■

INEQUALITIES IN HEALTH

In Chapter 1, we discussed evidence of major inequalities in health between older and younger adults. We cannot say on the basis of Survey data whether these inequalities are causally related to social inequities.

This chapter examines health inequalities, not in relation to other groups, but within the senior population itself. Data on self-rated health, activity limitation, stress, and happiness are examined in relation to income, education, and gender. While these are not the only areas in which inequalities exist, they are indicative of a broad range of life circumstances.

A major challenge identified by the national Framework for Health Promotion is to reduce inequalities in health within and among different population groups, particularly those inequalities which are due to inequities in the resources required for health. In this chapter, we look at differences in health status among Canadians 55 and over as they relate to gender, income and education. As in the Active Health Report, the Survey found that the health of seniors is very closely connected to social and economic factors: income and education are strongly related to perceived health status. Despite known differences in the health status between senior men and senior women, gender was found by the Survey to be only weakly related to health status according to the measures used.

Overall, it is found that the various measures of health are clearly related to social and economic differences.

Gender

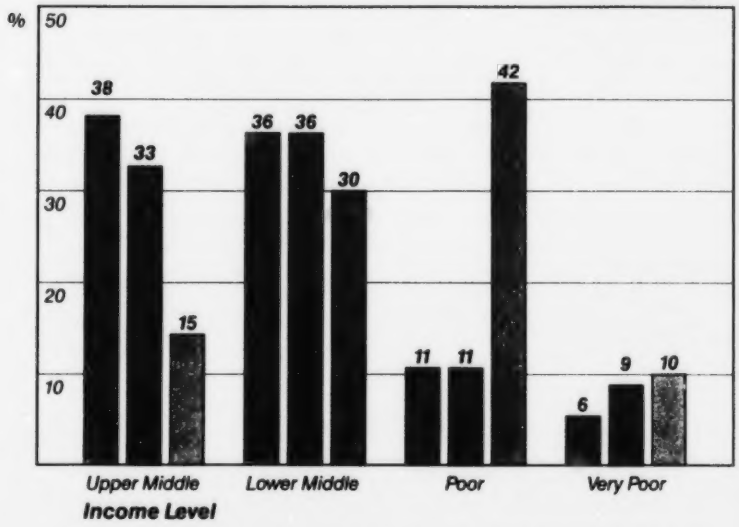
Even though nearly two out of three health problems reported by seniors are reported by women, the differences in self-rated health between older men and older women are comparatively small, much smaller than the differences between different income and education groups. And because older women tend to be poorer than older men (about 29% of women 55-64 and 57% of women over 65 are either poor or very poor, compared to only 19% and 47% of men of the same age) and slightly less well educated, these health inequalities may be attributable more to social and economic differences than to gender-specific differences.

On the other hand, women do tend to live longer than men. Thus, these results may reflect the health problems of very advanced age combined with diminished expectations of good health.

Gender and Health

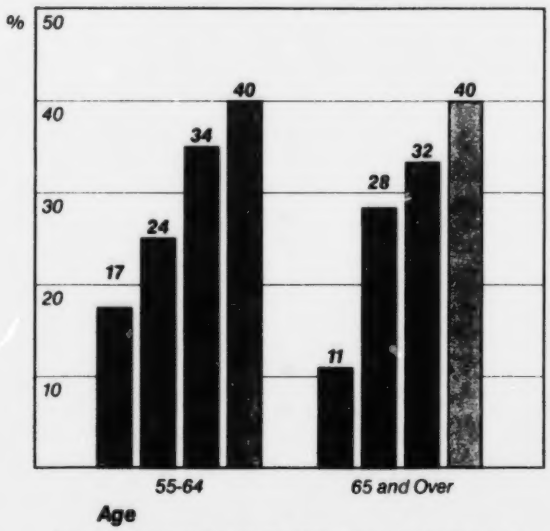
	Age 55-64	Age 65+
Self-rated Health		
Rating health as fair/poor:		
Men	22%	24%
Women	20%	29%
Rating health as excellent:		
Men	23%	24%
Women	18%	17%
Activity Limitations		
Reporting activity limitations:		
Men	25%	31%
Women	31%	37%
Stress		
Saying life is very or fairly stressful:		
Men	45%	27%
Women	37%	32%
Happiness		
Saying they are not too happy:		
Men	5%	6%
Women	7%	9%

Fig. 3a
Income and Age



Seniors tend to report lower incomes than do younger Canadians. This is particularly true for those 65 and older.

Fig. 3b
Income and Activity Limitation



Forty percent of adults 65 and over in the very poor income group report activity limitations, compared to only 11% of those in the upper-middle income group.

Income

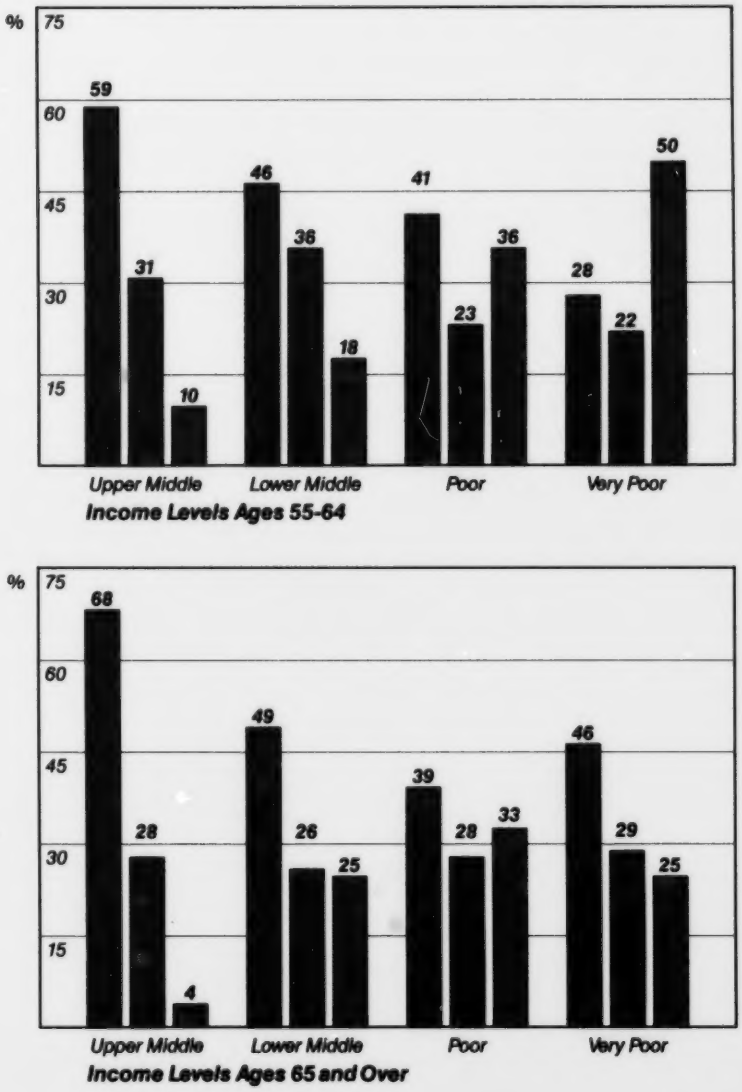
Income data from the Survey are not necessarily applicable to all seniors, since many respondents were unwilling to answer questions on income. Therefore, income figures here do not constitute reliable estimates of poverty among seniors. However, for the purposes of this report, the data are still useful because what we are interested in is not the absolute incidence and prevalence of poverty, but how this relates to health among seniors.

Seniors tend to report lower incomes than younger Canadians, particularly in the case of those 65 and older. As with younger Canadians, there is a very strong relationship between income and self-rated health, activity limitations, and happiness. The results for stress were less clear cut.

- Among respondents aged 55 to 64, those in the upper-middle income category were more than twice as likely (59%) to rate their health as excellent as those in the very poor category (28%). Conversely, those in the very poor category were five times as likely (50%) to rate their health as only fair or poor as those in the upper-middle category (10%). These differences were similar for seniors 65 and over.
- In the 55 to 64 age group, 40% of the very poor reported activity limitations, compared to 17% of the upper-middle group. These figures were 40% and 11% for respondents over age 65.

- In the 55 to 64 age group, 18% of the very poor and 37% of the upper-middle group reported that they were very happy. Twenty-three percent of the very poor and only 2% of the upper-middle groups reported that they were not very happy. For those over 65, 30% of the very poor and 53% of the upper-middle group reported that they were very happy. Eleven percent of the very poor and only 3% of the upper-middle group reported that they were not very happy.
- The results for stress were more equivocal. In the group aged 55-64, 31% of the very poor and 41% of the upper-middle group said that life was very or fairly stressful. This relationship is reversed among those over 65, of whom 45% of the very poor group and 27% of the upper-middle group said that life was very or fairly stressful. Perhaps among the younger group greater stress is caused by pre-retirement job factors, while among those over 65, reduced income is a more significant concern.

Fig. 3c
Income and Self-rated Health



That income is related to self-rated health is as true for seniors as it is for younger Canadians. Those in the upper-middle income group are far more likely to report excellent or very good self-rated health than are those in the poor or very poor income categories. Those in the very poor income group are more than five times as likely to report fair or poor health.

Education

Older people tend to report lower levels of education than younger adults. A majority of adults 55 and over report either an elementary or some secondary education, while most younger adults report secondary or some post-secondary education.

There is a very strong relationship between education and self-rated health, activity limitation, and happiness.

- In the 55-64 age group, 27% of those with elementary education or less reported health that was only fair or poor, compared to only 9% of those with complete post-secondary education. The figures were 34% and 7% for those over 65.
- In the 55-64 age group, 33% of those with only elementary education or less reported activity limitations, compared to 18% of those with post-secondary education. The figures were 35% and 23% for those over 65.
- In the 55 to 64 age group, 16% of those with elementary education or less reported that they were not very happy, compared to only 3% of those with post-secondary education. In the over-65 age group, the figures were 10% and 8%. ■

ISSUES AND CHALLENGES

1) These results indicate quite strongly that there is more to health in later life than age itself. If health measures among seniors vary so strongly with income and education then we can reasonably conclude that at least some of the health differences that exist between older and younger Canadians are related more to the different social backgrounds of the two groups than they are to age itself.

2) We cannot assume that a correlation of health inequalities with social inequities demonstrates a simple causal relationship. For example, the health differences among people with varying levels of education may have more to do with subsequent employment history than with education level itself. Thus, we cannot assume that the best way to eliminate a health inequality is simply to eliminate related social inequities.

However, the Survey does show that if we are to deal effectively with the health problems of older Canadians, then we cannot hope to do so if we look upon seniors as a single, homogeneous group – the unwell elderly. Rather, it must be recognized that seniors constitute a mixed population of varying social and economic backgrounds, with different levels of health and health problems, and with different attitudes and concerns. Health promotion should be targeted to these groups specifically, according to their varying needs and interests. ■

COPING

If health itself is difficult to measure, so is the ability of individuals to cope with health problems. However, Canada's Health Promotion Survey has afforded us an insight into how effectively seniors are coping by allowing us to look at the interrelationships among poor health, activity limitations, stress, and happiness. According to these indicators, a significant number of seniors reporting poor health or health problems are in fact coping with their problems.

Canada's Health Promotion Survey did not question respondents directly on their perceived capacity for coping with health problems. However, by looking at the relationships among the various measures of health used, we can get some idea of how effectively those seniors who indicated health problems of one kind or another are in fact dealing with their difficulties. For example, if we assume that absence of reported stress shows in general a capacity to cope with life circumstances, then reported low levels of stress among those who report poor health can be taken as an indication of a capacity to cope with health problems. Similar assumptions can be made concerning poor health and happiness, activity limitation and stress, or activity limitation and happiness.

Coping with Poor Health

As we have seen already, self-rated health is strongly related to stress and happiness among seniors. For example, of those who say their health is excellent, only 24% say that their lives are very or fairly stressful. But of those who say that their health is poor, 53% say that their lives are very or fairly stressful.

Nevertheless 46% – nearly half – of those who say that their health is poor say that their life is not very stressful, indicating that in some sense they are coping with their poor health. Similarly only 36% of those seniors who report poor health say that they are not too happy. Fully 64% – nearly two-thirds – of those who report that their health is poor say that they are either pretty happy or very happy, again indicating a capacity to cope. (*See Fig. 4a and 4b.*)

Coping with Activity Limitations

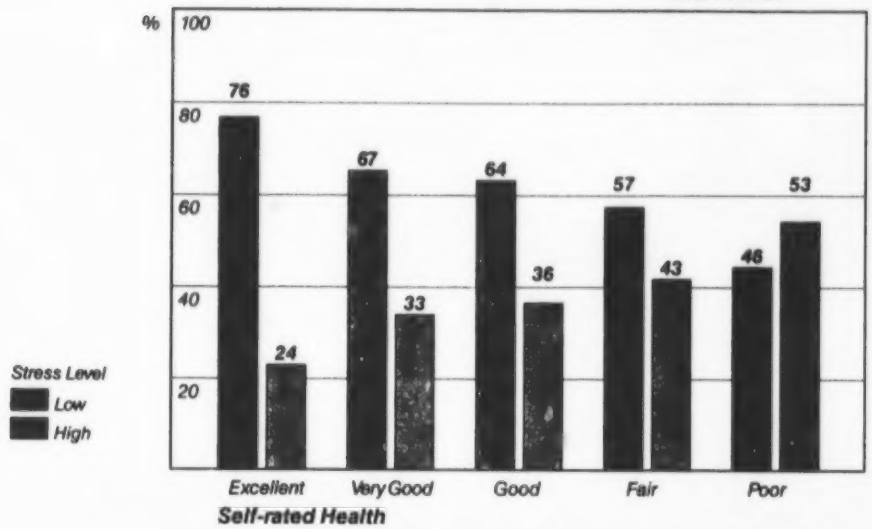
As with poor health itself, Survey data indicate that many of those who report health-related activity limitations may be managing to cope with them.

Twenty-two percent of seniors with activity limitations nevertheless report that their health is excellent or very good. A further 27% say that their health is good. About 40% of those with activity limitations say that life is not at all stressful, and about one out of four say that they are very happy despite their activity limitations. (*See Fig. 4c.*)

Coping with Stress

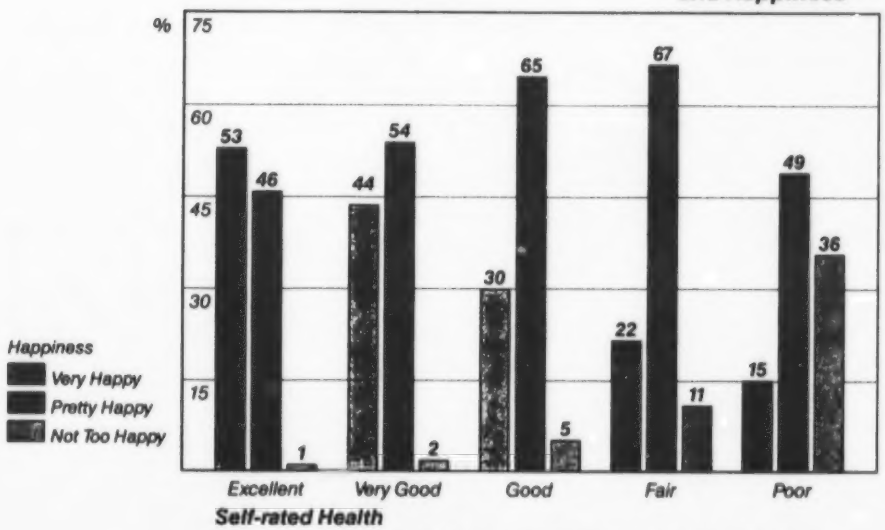
Just as poor health may be a source of stress, stress may itself cause poor health. An ability to maintain health in the face of stress is thus an indicator of a capacity to cope with stress. Thirty-five percent of older respondents who said that their lives were very stressful still rated their health as excellent or very good, showing that in this sense, they are coping with their stress. (*See Fig. 4d.*). Similarly, 25% of the same group said that they were very happy.

Fig. 4a
Coping – Health and Stress



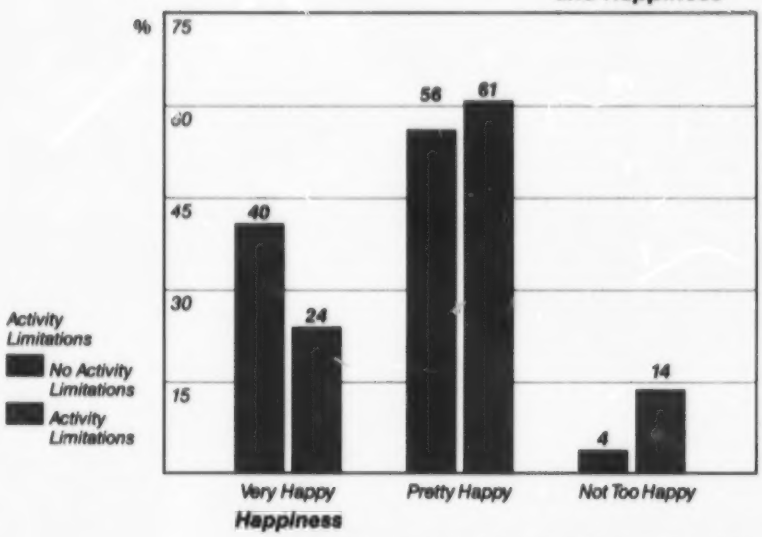
Forty-six percent of seniors who rate their health as poor report relatively low levels of stress.

Fig. 4b
Coping – Health and Happiness



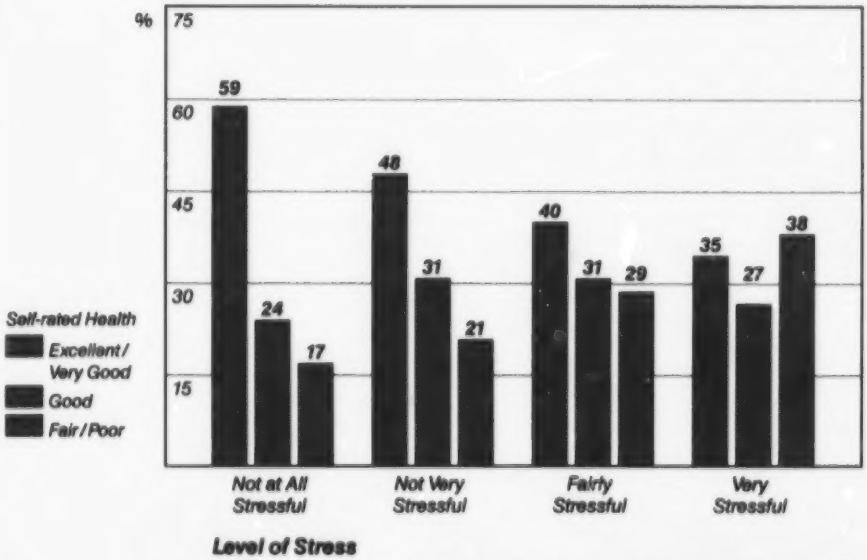
Sixty-four percent of seniors who rate their health as poor indicate that they are very or pretty happy.

Fig. 4c
Coping – Activity Limitations and Happiness



Eighty-five percent of seniors who report activity limitations indicate that they are either very happy or pretty happy.

Fig. 4d
Coping – Stress and Health



Thirty-five percent of seniors who report that life is very stressful also rate their health as excellent.

ISSUES AND CHALLENGES

Helping Canadians to cope with health problems or stress is one of the central goals of the new Framework for Health Promotion. Canada's Health Promotion Survey shows that although we may expect an increase of health problems with age, many seniors still display a significant capacity to cope with these problems.

This is an important finding. First, it clarifies what we mean by "enhancing coping" for seniors within the context of the Framework. Enhancing coping, given these results, must mean not just increasing access to institutional and other forms of care, but also enabling seniors to manage on their own, with their own personal resources.

Second, these findings indicate a potentially fruitful source of further research. If we can distinguish the group that is able to cope from that which cannot on the basis of access to or use of various health promotion mechanisms – self-care, mutual aid, healthy environments – then we will have a clear indication of what it would take to enhance coping for all seniors. ■

AFTERWORD: SENIORS AND THE FRAMEWORK

The aim of this report has been to examine the data on seniors gathered by *Canada's Health Promotion Survey* from the perspective of the new framework for Health Promotion. In particular, we have looked at survey results in light of the central goal of the framework – achieving health for all – and with respect to the three main challenges outlined in the framework – reducing inequities, increasing prevention, and enhancing coping.

In each of these categories, the survey provides important insights which help us to understand more clearly some of the key issues surrounding health in later life and the ways in which the framework can be implemented.

With respect to the reduction of inequalities in health, the survey found that not only do seniors differ in health status from younger Canadians, but, more significantly, *within* the seniors population, there are differences in health status which are systematically related to life circumstances, particularly social and economic status.

This strongly suggests that many of the health problems experienced by seniors are not intrinsic to age itself, but are actually rooted in differing life circumstances, and are thus open to change and improvement. It tells us further that for health promotion purposes, seniors should probably not be viewed as a single, homogeneous group identified by age alone, but rather as a population comprised of different groups, each with its own health needs, aspirations and resources. The most effective health promotion will be that which manages to reach these diverse groups and which responds to their needs.

With respect to increasing prevention, the survey found that, overall, seniors tend to maintain preventive practices which are as good as or better than those of younger Canadians. This conflicts with that view of seniors which characterizes them as increasingly indifferent to preventive practices. Seniors have told us in the survey that they are interested in maintaining and improving their health, and that, by and large, they are willing and able to do something about it. By itself, this is important. In the context of the framework, it is doubly important, for it suggests that self-care and mutual aid can be very effective mechanisms in promoting seniors' health, and that seniors themselves constitute an important resource for health promotion programs.

With respect to coping, the survey suggests that when health problems do occur, many seniors possess considerable individual resources which allow them to cope. This means that *enhancing* coping for seniors means more than simply increasing levels of institutional health care to deal with chronic problems. It also means recognizing that seniors can deal most effectively with situations of later life by combining use of their individual and collective resources.

Finally, and perhaps foremost, the survey found that among senior Canadians, good self-rated health is the norm. In the survey, seniors have told us quite unequivocally that, like younger adults, they by and large judge themselves to be healthy for their age. This is not to suggest that seniors do not have very serious health problems with which we must deal. But it is to a certain extent at odds with that view of health in later life which focuses exclusively on problems and tends to see poor health as a necessary liability of aging. With this view, achieving health for seniors becomes a vain, if not impossible goal; mitigating the inevitable deterioration of health seems to be the only reasonable option.

Seniors themselves, however, have given us a view of their health which is not based on problems, but on everyday life. They have told us that good health is not the exception for their age, but the rule. This very much changes the way we see the framework in relation to seniors. With this view, achieving health for all seniors becomes a concrete goal towards which we can work with reasonable expectations of success. ■

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